

DURHAM COUNTY
BOARD OF ELECTIONS



NOTICE OF CANDIDACY
FOR LEGISLATIVE &
LOCAL OFFICES
2004

TO THE DURHAM COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as N.C. SENATE
(Name of Office)

District 20, in the LIBERTARIAN! Party Primary Election scheduled for July 20, 2004*
(Name of Political Party)

I affiliate with the LIBERTARIAN! Party, and I certify that I am now registered on the
registration records of the precinct in which I reside as an affiliate of the LIBERTARIAN! Party.

I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor
have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next
general election.

1917 GLENDALE AV

Residence Address

DURHAM NC 27701-1325

City, State, Zip

Same

Mailing Address

City, State, Zip

RAY UBINGER

Name as it will appear on Ballot

Ray Ubinger

Signature of Candidate

919-667-1528

Home Telephone

Work Telephone

rcu@duke.edu

Email Address

Certification of Notice of Candidacy

I hereby certify that Ray Ubinger, the candidate who signed above, personally appeared
(Name as it will appear on Ballot)
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her
signature to be the same.

This 6th day of May, 2004.

Ray Ham

Signature of Certifying Officer

Stacy

Title of Certifying Officer

My commission expires: May 31, 2006

Verification by County Board

The undersigned has examined the voter registration records in Durham County and found
Libertarian to be a registered voter, affiliated with the Libertarian Party and
that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

Durham
County

May 6, 2004
Date

Ray Ham
Chairman or Director



**COUNTY OF DURHAM
BOARD OF ELECTIONS**

AFFIDAVIT ATTESTING TO NICKNAME

(G.S. 163-106 (a))

I, RAYMOND CHARLES UBINGER, having been duly sworn,
(Legal name)

hereby state under oath that I have been commonly known by the nickname,

RAY UBINGER, for at least five years and request that my name be
placed on the ballot as follows: RAY UBINGER

In the event that another candidate with the same last name as mine files notice of candidacy for the same
office for which I am a candidate, my name should be listed on the ballot as follows:

RAYMOND CHARLES "RAY" UBINGER
(Legal name and nickname)

Raymond Charles Ubinger
(Signature)

Sworn to and subscribed before me

This 6th day of May, 2007.

[Signature]
Notary Public

My commission expires: May 6, 2007.

Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

1. Committee Information					
a. Full Name RAY UBINGER				c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1917 GLENDALE AV DURHAM NC 27701-1325				d. Date Organized 06 MAY 2003	
				e. Phone Number 919-667-1528	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name RAYMOND CHARLES UBINGER		c. Candidate ID Number		d. Party Affiliation LIBERTARIAN!	
b. Mailing Address (include City, State, and Zip Code) 1917 GLENDALE AV DURHAM NC 27701-1325		e. Office Sought NC SENATE		f. Jurisdiction DISTRICT 20	
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name RAYMOND CHARLES UBINGER			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) 1917 GLENDALE AV DURHAM NC 27701-1325			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 919-667-1528	d. Email Address rcu@duke.edu		c. Phone Number	d. Email Address	
5. Assistant Treasurer Information			6. Account Information (incl. CRO 1500)		
a. Full Name			a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Code	d. Type	
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
RAYMOND C. UBINGER		<i>Raymond C. Ubinger</i>		06 MAY 2003	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

CRO-2100A

NC State Board of Elections

May 2003



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

RAY UBINGER

Treasurer Name:

same

Treasurer Address:

1117 GLENDALE AV

(include city, state, & zip)

DURHAM NC 27701-1325

Treasurer Phone:

919-607-1528

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII, Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

06 MAY 2004

Date Signed

Raymond C. Ubinger rights reserved
Signature of Candidate



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611 7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

~~RAYMOND~~

RAY UNGER

Treasurer Name:

Same

Treasurer Address:

1917 GLENDALE AV

(include city, state, & zip)

DURHAM NC 27701-1325

Treasurer Phone:

919-667-1528

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

____ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

06 MAR 2004

Date Signed

Temprone C. Robinson

Signature

rights reserved

Disclosure Report Cover

Amendment
☐ Yes ☒ No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information		c. ID Number
a. Full Name RAY UBINER		
b. Mailing Address (include City, State and Zip Code) MITCHELLEDALE AV DURHAM NC 27701-1325		d. Date Filed 06 MAY 2004
		e. Phone Number 919-1528

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name RAYMOND CHARLES UBINER
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6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
<input type="checkbox"/> Other		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		9. Special Report Name	

10. Account Information		10. Account Information	
a. Financial Institution Full Name NATIONSBANK MILITARY BANK SAN ANTONIO TX		a. Financial Institution Full Name	
b. Purpose	c. Code	b. Purpose	c. Code
d. Period Begin Balance		d. Period Begin Balance	
\$ 0		\$	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

RAY UBINER
 Printed Name of Signer

Ray Ubiner
 Signature of Appointed Treasurer

06 MAY 2004
 Date

FOR OFFICE USE ONLY

Date Received:

May 6, 2004

Employee:

[Signature]

Date Postmarked:

Employee:

Date Scanned:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Detailed Summary

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
RAY LUBNER		ORGANIZATIONAL			
Start of Election Cycle: January 1, 2004		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 207.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 207.00		\$	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 207.00		\$	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 0		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund If applicable) <div style="font-size: 1.2em; font-weight: bold;">RAY UBINGER</div>					2. ID Number	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
3. Contributor Information					d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <div style="font-size: 1.1em;">RAY UBINGER 1917 GLENDALE AV 27701-1325 DURHAM NC</div>					b. Job Title/Profession <div style="font-size: 1.1em;">clinical data asst.</div>	
					c. Employer's Name/Specific Field <div style="font-size: 1.1em;">Duke Univ.</div>	
					e. Election Cycle Sum to Date <div style="font-size: 1.1em;">\$ 207.00</div>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
3. Contributor Information					d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)					b. Job Title/Profession	
					c. Employer's Name/Specific Field	
					e. Election Cycle Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
3. Contributor Information					d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)					b. Job Title/Profession	
					c. Employer's Name/Specific Field	
					e. Election Cycle Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 207.00	

Disbursements

pg 1 of 1 Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) RAY WINGER				2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
DURHAM Co. S.E		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		See N.C. Const. I.20 e. Election Cycle Sum to Date \$ 207.00	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
	check	posting fee	06/09/2004	\$ 207.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$	
6. Total of ALL CRO-1310 Pages				\$ 207.00	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					